## Foster Family Home - Corrective Action Report

Provider ID:

1-589856

Home Name:

Jeanne Reutirez, CNA

Review ID:

1-589856-7

94-747 Makou Place

Reviewer:

Angelica Galindo

Waipahu

HI

Begin Date:

2/27/2019

**Foster Family Home** 

**Required Certificate** 

96797

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 2/27/2019. Corrective Action Report issued during home inspection with all items due to CTA by 3/27/2019. 6.(d)(1) - see applicable sections of the review

Foster Family Home

**Background Checks** 

[11-800-8]

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN lapsed for CG#4 and HHM#1: both due on/before 11/10/2018, both done on 1/29/2019.

Compliance Manager

Primary Care Giver

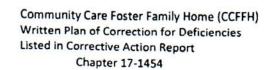
Date

2/27/19

Date

Page 1 of 1

2/28/2019 6:00 AM



Jeanne Reutirez CCFFH **CCFFH Name:** 

CCFFH Address: 94747 Makou Place Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)2	CG#4 lapsed APS/CAN cannot be corrected.	3/12/19	CCFFH understands how important background checks are. CCFFH will use calendar on phone to input due dates 30 days prior to requirements expiration to
8.(a)2	HHM#1 lapsed APS/CAN cannot be corrected	3/12/19	prevent future lapses. Will input due dates on phone's calendar 30 days prior to requirements expiration to prevent future lapses.

Primary Caregiver's Signature: \_\_\_

Print Name: JEANNE REUTIREZ

Date of Signature: 3/12/19